Building Stability for Foster Children

Triad Region - County and DSS Partnership

March 7, 2019

Foster Case Example #1

Entered Foster Care – Late 2018 at 8 years old

Allegations/Findings - Physical abuse, beat with electrical cords, placed in hot water, excessive discipline, old and healing bruises

Family Composition- Parents Incarcerated with 2 siblings (both children age 9 and under)

Mental Health - PTSD, Oppositional Defiance Disorder, Conduct Disorder, Mood Disorder

Child Welfare Hx – History in Forsyth County and a prior County for Improper Care/Discipline

Child's Placement History

Traditional Foster Home/Private Provider (late 2018 for 18 days)

- Aggressive, Suicide Gestures, New Foster Parents/Private Provider
- Multiple ED visits for Mental Health
- Missing Wrap Around Support or Emergency Response Services

2nd Placement – Bryn Marr Inpatient Child Acute Hospital

Therapeutic Foster Placement (early 2019 for 39 days)

- Parent could not accommodate the BH needs at school due to work schedule.
- Parent unable to pick up child from school
- In the process of developing a 504 Plan (Education Support)
- Individual Weekly Therapy
- Missing Wrap Around Support or Emergency Response Services

Foster Case Example #2

Entered Foster Care – Late 2016 at 7 years old

Allegations/Findings - Sexual Abuse, Child on Child Sexualized Behavior

Family Composition- Parental Developmental Delays, 1 Sibling (5)

Mental Health - Child Sexual Abuse, ADHD

Child Welfare Hx – Forsyth County - Foster Care in 2014/Re-entry/Improper Supervision

Child's Placement History

Traditional foster home (Late 2016)

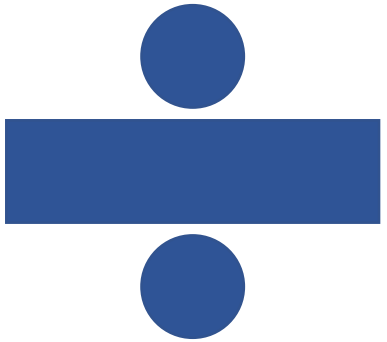
- TF-CBT with FCDSS
- Stay Safe Assessment and Treatment at Parenting Path/Local Exchange Scan
- Safety Plans at School and After School
- Decreased Behaviors & Leveling Down
- Foster Parent Concerns with General Child Behaviors/ Over Labeling
  - Not Flushing Toilet
  - Legos in Bed
  - Lying & Dishonesty
  - Incongruent reports between therapeutic foster parents and other formal supports
  - Foster Parent verbally stated the child will have to move if he/she is leveled down. "We will find another child."
  - Need to Establish Permanency

Commonalities

Nearly all foster children have experienced trauma and set backs resulting in *significant* psychological and emotional needs requiring additional support

- Medical, Educational, Social and Psychological
- Foster Parents need trauma informed training
- Foster Parents need other professionals to help
  - Outside normal business hours

Existing Design



Conflicting Measures and Limitations

Unhealthy Model

- Frequent, different moves to serve child
- Causes additional trauma
- Can disrupt relationships with familiar school/teachers, other provider and community supports

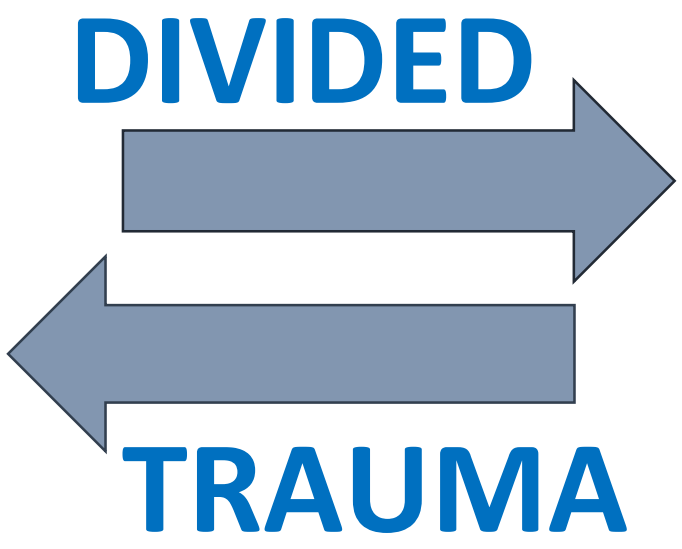
Expensive

- DSS Emergency placement
- Leads to higher level of therapeutic care

Two Types of Foster Care

Traditional Foster Care

- Temporary
- Substitute Living Arrangement
- Separate from Natural Parents
  - Unable/Unwilling
  - Unsafe
- Judge Ordered
- DSS Custody
  - Can be Kinship



Therapeutic Foster Care

- Additional Challenges
  - Non-functioning with certain families, school and community
- Cognitive Behavioral Difficulties, Developmental Delays, Aggressive Behaviors
- Form of Mental Health Treatment
- Additional Training Necessary to Meet Goals

Future Design

One Unified Model

- Eliminate incentives – Therapeutic Foster Care (TFC) is 2xs rate of Traditional Foster Care
  - Placement Fee Schedule for an 8 Year Old Child Foster Child:
    - **$581.00** Per Month = Standard Board Rate(SBR) for Traditional Placement at DSS
    - **$1564.00** Per Month = Traditional Placement Private Provider (581.00+ 983.00 (Admin Fee)
    - **$3238.40** Per Month = TFC (88.58 per day/Medicaid) + SBR of 581.00
  - Initial screening at onset
  - Actively resist re-traumatization
  - Increase stability of living arrangement
  - Increases crisis response for parents
  - Reduce needs for higher levels of therapeutic care
  - Increase trend in foster family recruitment
  - Decrease case worker attrition

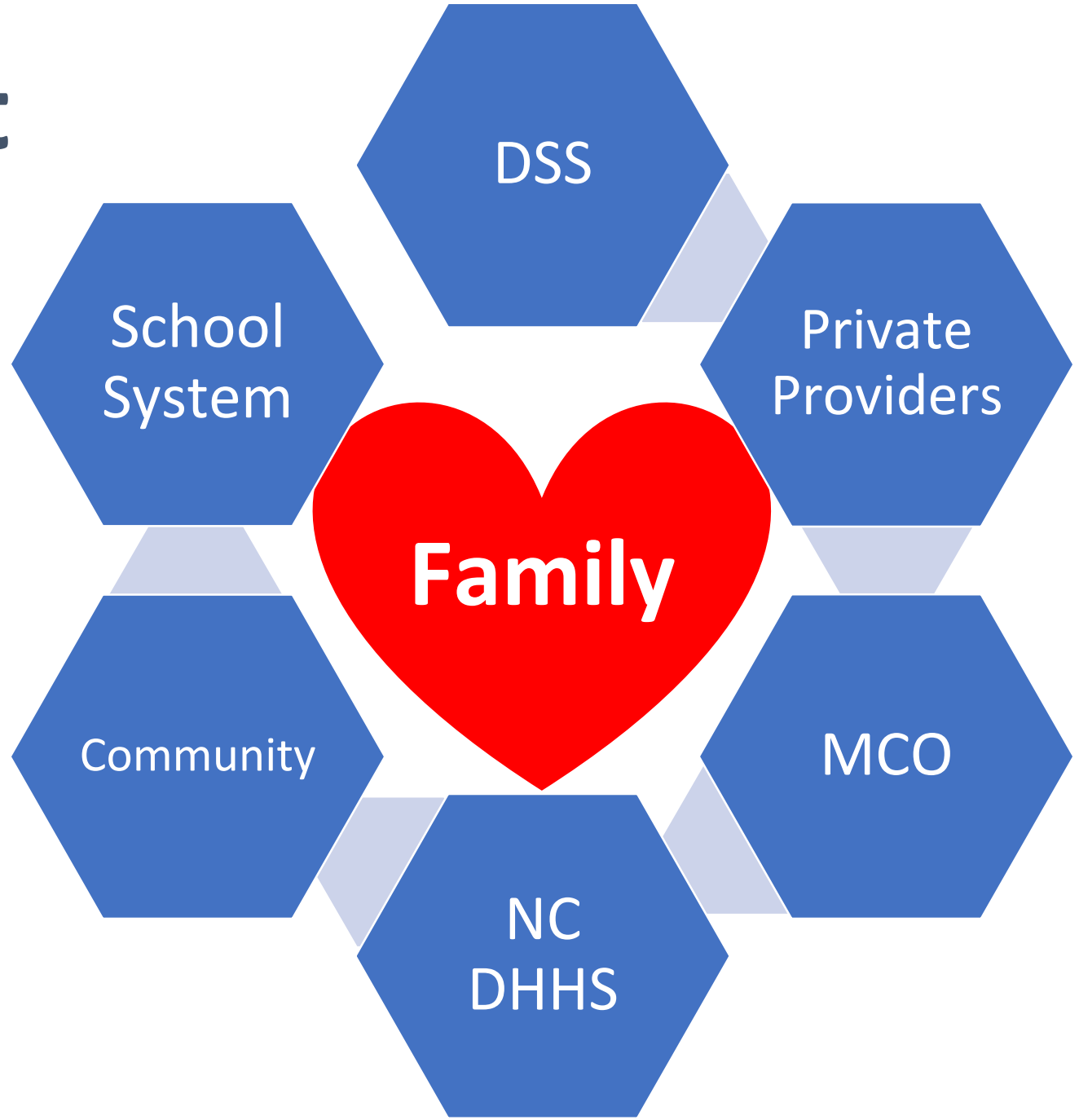
The Solution

A Trauma-Informed Integrated Health Foster Care Model

Overall Alignment

Compliments

- Medicaid Reform
- Integrated Care
- Healthy Opportunities
- Child Welfare Reform
- Federal Families First Act



The Partnership: Build a New and Comprehensive Model for Children in Foster Care

- Address Safety and Security Needs of Youth
- Address Appropriate Preventive and Medical Care with Education and Social Development
- Meet the goals of **Medicaid Transformation**, **Child Welfare Reform** and the **Federal Families First Act**
- Work across Governmental Agencies
    - Within Private Behavioral Health Providers
    - Health Systems
    - Agencies of Social Determinants of Health

Pilot Unified Model Detail

- Child & Family Teams - integrated welfare & behavioral staffing
- Parents receive life & social skills, daily intervention training
- Train and support kinship families beyond minimum
- Licensed clinical staff – individualized treatment plan with therapeutic services
- 24/7 intervention and crisis stabilization
- Care management for preventive, routine health care and social determinants

Shared Data Collection

- Inpatient/ED
- Outpatient
- Mobile Crisis
- Therapeutic Foster Care
- Residential Levels 2 & 3
- PRTF
- Primary Care/Well
- Pharmacy
- Dental
- Placement Stability

Unified Outcome Measures

Healthier Child and Family

- **One stable placement**
- Permanency within 1 year
- School engagement & academics
- No new legal involvement
- Good physical health
- Improved behavioral health
- Decrease case worker attrition
- **Reduced Cost to Medicaid**
- **Reduced Cost to State**
- **Reduced Cost to County**
- Safer Families
- Stronger Communities

Pilot Model Requires

Utilize Medicaid and Non-Medicaid Options

- Fullest flexibility possible (in lieu of or EPSDT funding)
- Utilize alternative funding/payment models
- Cross-Agency and systems outcomes
  - Medicaid Transformation
  - Child Welfare MOU measures

Thank You

Questions?